003	Under the Paperwork Reduction	or
<u> </u>	(UT	

de this box → +

PTO/\$B/05 Approved for use through 10/31/2002. OMB 065 Patent and Trademark Office: U.S. DEPARTMENT OF COMME

n Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control nu

LITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. First Inventor		28569.8200					
		Osamu KAJINO, et al.					
Title Motor Control Apparatus, Disk Apparatus and Acceleration							
Express Mail Label No.		EL608986722US					

See MPEP	APPLICATION ELEN		,	ADDRESS TO:	Assistant Cor Box Patent Ap Washington, I			
1 J F	ee Transmittal Form (e.g., PTo Submit an original, and a duplicate	O/SB/17)	7.		R in duplica	te, large table or Computer		
	Applicant claims small entity sta See 37 CFR 1.27.	atus.		otide and/or Amino scable, all necessary	Acid Seque	ence Submission		
3. J §	Specification [7]	otal Pages 70]	a.	Computer I	Readable F	orm (CRF)		
	preferred arrangement set forth be	·	b.	Specification Seq	uence Listi	ng on:		
	Descriptive title of the invention Cross Reference to Related A			i. 🗀 CD-R	OM or CD-	R (2 copies); or		
	Statement Regarding Fed spo			ii. 🗍 paper		, , ,		
	Reference to sequence listing			" paper				
	or a computer program listing	appendix	c.	Statements	verifying id	dentity of above copies		
	Background of the Invention Brief Summary of the Invention	า	100	OOMB A NIVINI	ADDLI	CATION BARTS		
	Brief Description of the Drawir		AC	COMPANYING	5 APPLI	CATION PARTS		
	Detailed Description		9	Assignment Paper	s (cover sh	eet & document(s))		
	Claim(s) Abstract of the Disclosure			37 CFR 3.73(b) St		Power of Attorney		
_	Abstract of the Disclosure			(when there is an as	• /	,		
	>i(-) (05 // 0.0 442) - F	T.44 014 11 1	· · · · L	English Translation		,		
4. 🗸	Orawing(s) (35 U.S.C. 113) [Total Sheets 11]		Information Disclos Statement (IDS)/P		Copies of IDS Citations		
5. Oath or I		otal Pages]	13.	Preliminary Amend	dment			
a.	Newly executed (origin	al or copy)		Return Receipt Po				
۱	Copy from a prior application (37 CFR 1.63(d))			(Should be specifica				
, b.	b. (for continuation/divisional with Box 18 completed) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed)							
	DELETION OF INVENTOR(S) Request and Certification under 35 U.S.C. 122							
Signed statement attached deleting inventor(s) 116. L (b)(2)(B)(i). Applicant must attach form PTO/SB/35								
-	named in the prior application, see 37 CFR or its equivalent. 1.63(d)(2) and 1.33(b).							
6. 🗸 A	Application Data Sheet. See 37	• •	17.	Other: Fee Trans	smittal for F	Y 2001		
	or in an Application Data Sheet under 37 CFR 1.76:							
	ontinuation Divisional	Continuation-in-par	t (CIP) of prid	or application No.:		· · · · · · · · · · · · · · · · · · ·		
Prior	application information: Exam	niner		Group / Art	Unit			
For CONTIN	IUATION OR DIVISIONAL APPS bb, is considered a part of the o	only: The entire disclosu disclosure of the accompa	re of the prior a nving continuat	application, from w tion or divisional at	/hich an oa oplication a	th or declaration is supplied nd is hereby incorporated by		
reference. T	he incorporation <u>can only</u> be re	lied upon when a portion h	as been inadve	rtently omitted from	n the submi	itted application parts.		
		19. CORRESPO	NDENCE AL	DDRESS				
□ 04		-00-	_		¬	andanaa addmaa balaw		
LA Custo	Customer Number or Bar Code Label 20322		:2	or L	correspo	ondence address below		
		(Insert Customer No. or Att	ich bar code label here)					
Name	Michaek K. Kelly							
	C. H O Wales on LTD							
Address	Snell & Wilmer, LLP One Arizona Center, 400 E. Van Buren Street							
City	Phoenix	State	Arizona	Zin (Code 85	004-2202		
Country	USA		602-382-6291	-		2-382-6070		
		1 eleptione	<u> </u>					
Name	(Print/Type) Michael K. Kelly		Regis	stration No. (Attorney	/Agent) 32	2,848		
Cimm to	4 \ \(\sum_{\text{\tinx}\\ \text{\tinn{\text{\texit{\texi}\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\texi}\tint{\text{\tint}\tint{\text{\text{\text{\text{\text{\texi}\tint{\text{\texi}\text{\t	1 01 00 11			Doto E	17 2001		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

2

Signature

FEE TRANSMITTAI

PTC/SB/17 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TAL	Co		
. ,	Application Number	To be assigned	
	Filing Date	February 7, 2001	
	First Named Inventor	Osamu KAJINO	
1.	Examiner Name	To be assigned	
	Group Art Unit	To be assigned	
\$1,192.00	Attorney Docket No.	28569.8200	

Date

February 7, 2001

METHOD OF PAYMENT	ŧ			<u> </u>	E CALCULATION (continued)	
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. A	DDIT	IONA Small	L FE	ES	
Deposit Account 19-2814	Fee	Fee	Fee	Fee	Fee Description Fee Pa	ıid
Number 19-2814	Code 105	(\$) 130	Code 205	(\$) 65	Surcharge - late filing fee or oath	
Deposit Account Name Snell & Wilmer	127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
- 0	139	130	139	130	Non - English specification	
Under 37 CFR §§ 1 16 and 1 17	147	2,520	147	2,520	For filing a request for ex parte reexamination	
Applicant claims small entity status See 37 CFR § 1.27	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
2. X Payment Enclosed:	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
Check Credit card Money Order Other	115	110	215		Extension for reply within first month	
FEE CALCULATION	116	390	216	195	Extension for reply within second month	\square
1. BASIC FILING FEE	117	890	217	445	Extension for reply within third month	
Large Entity Small Entity	118	1,390	218	695	Extension for reply within fourth month	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	128	1,890	228	945	Extension for reply within fifth month	
101 710 201 355 Utility filing fee 710.00	119	310	219	155	Notice of Appeal	
106 320 206 160 Design filing fee	120	310	220	155	Filing a brief in support of an appeal	
107 490 207 245 Plant filing fee	121	270	221	135	Request for oral hearing	
108 710 208 355 Reissue filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding	
114 150 214 75 Provisional filing fee	140	110	240	55	Petition to revive - unavoidable	\equiv I
SUBTOTAL (1) \$710.00	141	1,240	241	620	Petition to revive - unintentional	\equiv
7.23	142	1,240	242	620	Utility issue fee (or reissue)	三
2. EXTRA CLAIM FEES	143	440	243	220		=
Fee from Extra Claims below Fee Paid	144	600	244	300	Plant issue fee	
Total Claims 29 $-20** = 9 \times 18.00 = 162.00$		130	122	130		==
Independent 7 - 3** = 4 X 80.00 = 320.00	122 123	50	123	50	Processing fee under 37 CFR § 1.17(q)	==
Multiple Dependent = =	126	180	126	180	• • • • • • • • • • • • • • • • • • • •	
Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Recording each patent assignment per property (times number of properties)	
103 18 203 9 Claims in excess of 20	146	710	246	355	Filing a submission after final rejection	
102 80 202 40 Independent claims in excess of 3	149	710	249	355	(37 CFR § 1.129(a)) For each additional invention to be examined	=:
104 270 204 135 Multiple dependent claim, if not paid	170				(37 CFR § 1.129(b))	
109 80 209 40 ** Reissue independent claims over original patent	179	710	279	355	Request for Continued Examination (RCE)	
110 18 210 9 ** Reissue claims in excess of 20	169	900	169	900	Request for expedited examination of a design application	
and over original patent	Oth	er fee (specify)	or a design approach.	
SUBTOTAL (2) \$482.00						
**or number previously paid, if greater; For Reissues, see above	*Red	duced b	y Basic	Filing	Fee Paid SUBTOTAL (3)	
SUBMITTED BY Complete (if applicable)						
Name (Print/Type) Michael K. Kelly			ation No //Agent)	0.	32,848 Telephone 602-382-6291	
· · · · · · · · · · · · · · · · · · ·	10	AUDITIE)	(/Agent)		1	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.